

INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (11-07)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Pollution Prevention and Technical Assistance
100 North Senate Avenue IGCS W041
Indianapolis, IN 46204-2251

Telephone: (800) 988-7901 FAX: (317) 233-5627 E-mail: esp@idem.lN.gov www.in.gov/idem/prevention/esp

When to use this annual report form...

SyoPI is your facility a member of the U.S. Environmental Protection Agency's National Environmental Performance Track and Indiana Environmental Stawardship Program? If so, please use the U.S. EPA National Environmental Performance Track Annual Performance Report form available at http://www.epa.gov/performancetrack/program/report.htm. The U.S. EPA will notify IDEM after receiving your annual performance report.

EDI Please use this annual report form if you are <u>only</u> a member of the Indiana Environmental Stewardship Program and <u>not</u> a member of the National Environmental Performance Track. Your Annual Performance Report should be reviewed and signed by a senior manager at your facility prior to submittal, Once signed, fax, mail, or e-mail the report to IDEM. If you have any questions, please contact the ESP Program Manager at 600-988-7901.

The Indiana Environmental Stewardship Program (ESP) Annual Performance Report should demonstrate progress toward objectives and targets AND certify ESP requirements continue to be achieved. The Annual Performance Report should cover the twelve (12) month calendar year and include the status of projects committed to in your facility's original ESP application, results of completed projects, and assurance that an annual internal environmental management system audit was conducted by your facility. Indiana ESP facilities must submit an Annual Performance Report by April 1st of every year, for each calendar year in which the entity has been a member for at least three (3) full months.

 P_{p}^{\dagger} asse do not include any confidential business information in your Annual Performance Report. Public access laws require IDEM to make the Annual P_{p}^{\dagger} formance Report publicly available, which may include posting all portions of your report on the Indiana ESP Web site.

ESECTION A FACILITY INFORMATION								
Name of Facility								
Eaton Corporation - Clutch Division								
Name of Parent Company (<i>If applicable</i>)								
Screet Address (number and street)								
201 Brandon St								
City/State/Z!P Code								
Auburn IN 46706								
Facility/Company Web site								
Eaton.com								
CONTACT INFORMATION								
Contact Name (Mr./Mrs./Ms./Dr.)								
Mr. Brent Jensen								
Tiple								
EHS Manager								
Telephone number								
250-925-7440								
FAX number								
260-925-4183								
E-mail address								
BrentJensen@eaton.com								
Mailing Address (if different from facility address)								
City/State/ZIP Code								
Reporting Period Dates								
If this is your third Annual Performance Report, do you wish to renew your Indiana Environmental Stewardship Program membership? [Yes. If yes, please complete all sections of this annual report.								
the state of the sections of this annual report.								
No—If no, you can skip Section D of this annual report.								
CHANGE IN INFORMATION								
In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any								
changes or additions to your facility's list of products or activities? If so, please list them in the space below. ☐ Yes ☒ No								

17	NOTE: ENVIRONMENTAL MANAG	EMENT SYST	TEM ASSESSMENT			
	Mario we need this information? Minceds information on the performance and assessment Mario of your Environmental Management System (EMS).		Please	What do you need to do? summarize your facility's EMS assessments. Attach additional sheets as necessary.		
	1. Is your facility currently registered to a recognized third-party EMS			Attoch additional sheets as necessary.		
	standard?	Year:	2009	`		
ĺ	▼Yes	Type:	ISO 14001			
	a. If yes, when was an EMS audit or other assessment last conducted by an independent third party at your facility?		130 14001			
	Please provide the type (e.g., ISO 14001 certification),	Scope:	24 4			
	scope, and month of the last assessment.	Month:	Feb.			
!	□ No b. If no, when was an internal or corporate EMS audit last					
	conducted at your facility? Please provide the scope and	Year:				
	month of the last assessment.	Scope:				
		Month:				
	When did your facility last conduct an internal or corporate	Year:				
	compliance audit? Please provide the scope and month(s) of each	Scope:				
	audit, and indicate who conducted the audit(s) (e.g., facility staff, corporate groups, third party). Do not include audits, inspections, or	Month(s):				
	site visits by regulatory organizations.	Who:				
	(Optional) Please describe any other audits that were conducted at	VVIIO:				
	your facility.		<u> </u>			
	4. Has your facility corrected all instances of potential non-compliance	EMS				
	and EMS non-conformance identified during your audits and other assessments?					
	X Yes					
	a. If yes, briefly summarize corrective actions taken and other					
	improvements made as a result of your EMS assessment(s) or compliance audit(s).					
	assessment(s) of compliance addit(s).			i		
	□No			·		
	b. If no, please explain your plans to correct these instances.					
	No such instances identified.			•		
	Explain the emergencies experienced within the facility during the	10/	NAC - 1 T C -			
	past year. Were the applicable emergency and contingency plans	vvaste	water i reatn	nent - changed chemical		
	detailed in the EMS effective? What changes, if any, have been	proces	S			
	made to your facility's emergency or contingency plans? 6. When was the last Senior Management review of your EMS					
	completed?	Month/Year	r: 2008			
	oonpoted.		Who headed the review? Name and Title: Brent Jensen			
	7. When did your facility last conduct a systematic identification or review of your environmental aspects?	Month/Year	r:			
	10. (Optional) Please provide a narrative summary of progress made	Environmer	ntal Aspect	Progress Made This Year		
	toward EMS objectives and targets other than those reported as an		,	(e.g., quantitative or qualitative		
	Environmental Performance Initiative in the following section. You may limit the summary to environmental aspects that are significant			improvements, activities conducted)		
	and towards which progress has been made during the last calendar					
	year. Attach additional sheets as necessary.					
	•					
				4		
	·					

1,1	HON C' We need this information? Willes need to share the results of the		TAL IMPROVEMENT INITIATIV		What do you need to do?			
· Mi	givenment initiative that was pursue		riod. performance	Use the following table to summarize as compared to your ESP environments	your facility's environmental ental improvement initiative.			
	egory: Will File Later***	Soe attackin	nem d					
	pect: pcific Information on Aspect (options	al):						
. 131		Baseline	Progress during year 20	Environmental Improvement Initiative Goal	Cost Savings (If applicable)			
	Actual Quantity (per year)			THOUSE COURT	(ii applicable)			
	Measurement Unit							
5	ormalized Quantity (per year)							
	isis for your Normalizing Factor							
	ofiy describe how you achieved imp	rovements for this aspect	or, if relevant, any circumstant	es that delayed progress.				
<u> </u>	ase list any state, EPA, or other par	thorobin programs to whi	ch you are reporting this date /	S. Faran Char Daving VIII				
PK	ase list any state, EPA, or other par	thership programs to whi	on you are reporting this data (e.g., Energy Star, Project XL).				
				•				
(O	ional) If your facility has experience to results here.	ed continued results for e	nvironmental improvement initia	atives pursued in past years of ESP n	nembership, please share			
USE	no results here.							
—								
	TION D	ENVI	RONMENTAL IMPROVEMENT	INITIATIVES				
W Fair	y do we need this information? dilites need to demonstrate their cor	milment to		Refer to the Environ	What do you need to do' imental Performance Table			
W	goving environmental performance.							
tirie qui Pe	application and the remaining will be stions. Choose an indicator from the formance indicator Table is provide	e identified each year in t e Environmental Perform d with the ESP Applicatio	the annual report. Identify the name indicator Table to measure and is also available at http://	h 3-year membership term. One (1) i lew initiative that will begin this year b re the identified environmental initiativ www.in.gov/idem/prevention/esp/tabl	y answering the following ye. The Environmental			
soi en sui	cot for your initiative should be relate fronmental impact in your EMS. No	ed to the objectives and to more than two of your in	argets in your EMS. Where pos dicators can be from the same	ssible, Indicators should also be identi environmental category during the 3- Indicator Table or whether your indic	ified as having a significant			
Ple infe	ase complete the following question mation is required for air, hazardou	s according to the enviro s waste, solid waste, and	nmental indicator you selected if a nergy indicators as requested	from the Environmental Performance d in Appendix 1.	Indicator Table. Additional			
70	Vhat category have you selected fro	om the Environmental Pe	rformance Table? (If the catego	ory is Energy Use, Waste, or Air Emis	sions for Total GHGs.			
	please turn to Appendix 1 to comp	lete additional questions	pertaining to the category you l	nave selected:) Inputs Natev	CUOR.			
1b	What indicator have you selected fro	m the Environmental Pe	formance Table? Water U	sage That O water	10-1			
	measurements should represent the performance level for the indicator across the entire facility. For many indicators, you may choose to							
	lo cus your initiative on a specific sub	set of the indicator (e.g., live include everything co	a specific material, process, V(DC, group of toxic air emissions, or pa VOCs, all non-hazardous waste), or a	articular			
	Specific							
	If your initiative is specific to a subs waste component).	tance or component, ple	ase provide additional detall on	your indicator (e.g., specific chemical	to be reduced, specific			
1d	What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process							
	iine, employee training)? Plan to	change non-conta	ct cooling water system	into a closed loop system.	p			
2e i	Does this initiative address a signific ⊠ Yes ☑ No	ant aspect in your EMS?						
2h	f no, please explain why you believe	this indicator should be	included as an environmental in	nprovement initiative.				
Sia	of If the category listed in Question to complete the questions pertaining regarding your facility's environmen	j to tne category you liste	ia. After completing Appendix 1	Gs, please skip Questions 3a – 3b bel 1, return to question 4 and complete t	low and turn to Appendix 1 he remaining questions			
	e -a - ming your recently a driving inhall	a. anprovement initiative	•					

your facility's EMS successful? Why or why not? If not, what changes will be made to ensure continual environmental improvement and future EMS success?

Yes - We have minimized our environmental footprint and reduced our aspects and import risk.

CERTIFICATION AND PLEDGE

on behalf of Eaton Corporation - Clutch Division (name of facility),

l carrier that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or hap a corrective action program in place to attain compliance.

We lie aton Corporation - Clutch Division, commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, steps, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that the Annual Performance Report must be submitted to IDEM by April 1st of each year and that we must reapply to the Indiana Environmental Stewardship Program every three years.

lundorstand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature

BIM

Title EHS Manager

Date (month, lay, year)

Plejuse mail, fax, or e-mail your completed Environmental Stewardship Program Annual Performance Report to:

IDEM-OPPTA ESP Program Manager MC 64-00 IGCS W041 100 North Senate Avenue Indianapolis, IN 46204-2251

FAX: 317-233-5627 E-mail: <u>esp@idem.iN.gov</u>